

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90015 030 \*\*\*\*61.25

**DOCUMENT # N98000003660**

1. Entity Name  
**GOD'S ARK OF SAFETY MINISTRIES, INC.**



Principal Place of Business  
**722 W 21 STREET  
JACKSONVILLE, FL 32206**

Mailing Address  
**722 W 21 STREET  
JACKSONVILLE, FL 32206**

**50064721**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3519852**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, CORENE  
134 E 44TH ST  
JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent

Name **CORENE WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)

**2336 West Edgewood Ave**

City **JACKSONVILLE**

FL

Zip Code **32209**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Corene Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/30/05**

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WILLIAMS, CORENE**  
STREET ADDRESS **134 E 44TH ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **D** ☐ Delete  
NAME **WADE, JOSEPH**  
STREET ADDRESS **360 TALLULAH AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **D** ☒ Delete  
NAME **COOPER, LARRY**  
STREET ADDRESS **532 WEST 22ND ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition  
NAME **CORENE WILLIAMS**  
STREET ADDRESS **2336 W Edgewood Ave**  
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **OFFICER** ☐ Change ☒ Addition  
NAME **CHARLIE MOORE**  
STREET ADDRESS **543 West 7th Street**  
CITY-ST-ZIP **JACKSONVILLE FLORIDA 32206**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Corene Williams*

*Corene Williams*

**6/8/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #